

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/397456

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
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28		2				
29		2				
30		2				
31		2				
32		2				
33		2				
34	1					
35		1				
36		2				
37		2				
38		1				
39		1				
40	1					
41	1					
42						
43		1				
44		2				
45		2				
46		2				
47		2				
48		2				
49		2				
50		1				
TOTAL IND.	5	↓		↓		↓
TOTAL DEP.	61	←		←		←
TOTAL CLAIMS	66					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						